



NATIONWIDE CONFERENCE PRESENTATION REGISTRATION FORM

Theme: "Council of Elders – A Call to Action"

Please check (✓) the date of your attendance (*both days disseminate the same information*)

☐ Tuesday, July 18, 2006 – 10:00 AM – Noon (EDT) ☐ Thursday, July 20, 2006 – 2:00 PM – 4:00 PM (EDT)



To register, please complete this form and use one of the methods below for submission. The form is user friendly and can be completed on your computer by using the tab and arrow keys to move from one area to another. (1) Via mail – L. Akins Harley, NBLCA, 105 East 22nd Street, Suite 711, New York, NY 10010 (2) Via fax – Attention: L. Akins Harley, NBLCA at 212.614.0508 or (3) Via e-mail - LAkinsharley@nblca.org or info@nblca.org.

Name: _____

Title: _____

Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

1. What region/area is served by your organization? _____

2. What percentage of your clients is?

<input type="checkbox"/> African American	<input type="checkbox"/> African Caribbean	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Native American	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other

3. What percentage of your clients fall in the following age categories?

<input type="checkbox"/> 13 and under	<input type="checkbox"/> 14 – 18	<input type="checkbox"/> 19 – 29
<input type="checkbox"/> 30 – 45	<input type="checkbox"/> 46 – 65	<input type="checkbox"/> Over 65

4. Which of the following groups are served by your organization? (*Check all that apply*)

<input type="checkbox"/> Heterosexual African-American Men	<input type="checkbox"/> Heterosexual African-American Women
<input type="checkbox"/> Heterosexual White Men	<input type="checkbox"/> Heterosexual White Women
<input type="checkbox"/> Men Who Have Sex with Men (MSM)	<input type="checkbox"/> Intravenous Drug Users (IDU)
<input type="checkbox"/> Transgendered Populations	<input type="checkbox"/> Children 13 years and younger

5. What services does your organization provide? (*Check all that apply*)

<input type="checkbox"/> HIV/AIDS Testing	<input type="checkbox"/> HIV/AIDS Counseling
<input type="checkbox"/> HIV/AIDS Referrals	<input type="checkbox"/> Clothing Distribution Program
<input type="checkbox"/> Food Distribution Program	<input type="checkbox"/> Homeless Shelter Program
<input type="checkbox"/> Other Type of Program (specify) _____	

6. Type of organization:

<input type="checkbox"/> CDC-Funded CBO (<i>please specify Program #: _____</i>)	
<input type="checkbox"/> Health Department	<input type="checkbox"/> Health Department Funded-CBO
<input type="checkbox"/> Other Funded CBO	<input type="checkbox"/> Community Planning Group
<input type="checkbox"/> Other (<i>please specify</i>) _____	

For further information and questions, contact L. Akins Harley at 212.614.0023 or by e-mail at LAKinsharley@nblca.org